



UNITED STATES AMATEUR BOXING, INC.

1 Olympic Plaza, Colorado Springs, CO 80909

Telephone: (719) 866-4506 Fax: (719) 632-3426

INCIDENT REPORT

An Incident Report must be filled out for any incident involving accident, injury, or slander that occurs during sanctioned competition or organized practice and a copy must be forwarded to USA Boxing.

Local Boxing Committee: _____

Club Name: _____

Name of Event: _____ Sanction # _____

Name of injured person: _____

Contact information: Address: _____

Telephone number: _____

Date Injury Occurred: _____ Date Reported: _____

Description of incident: _____

Description of injury: _____

Person Reporting Incident: _____

Address: _____

Telephone Number: _____

Witnesses: _____ Telephone number: _____
